

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # _____
Name: STEPHEN C. JONES
Address: 12 NORTH ARMSTRONG
City/State/Zip: BIXBY, OK
Purchaser: _____
Operator Contact Person: STEVE JONES
Phone: (918) 366-3710
Contractor: Name: KANDRILL
License: 32548
Wellsite Geologist: GEORGE PETERSON
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
8-5-05 8-10-05 8-31-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-22103-0000
County: COFFEY
NE - NW - SE - Sec. 26 Twp. 2122 S. R. 18/4 East West
2310 feet from S / N (circle one) Line of Section
1650 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: OCHS Well #: 1
Field Name: WILDCAT
Producing Formation: COAL SEAM
Elevation: Ground: 1150 Kelly Bushing: 1152
Total Depth: 1850 Plug Back Total Depth: 1804
Amount of Surface Pipe Set and Cemented at 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from SURFACE
feet depth to 1804 w/ 237 _____ sx cmt.
ALT II WHM 10-18-06
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: KCO WICHITA

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Stephen C. Jones
Title: PRESIDENT Date: 12-20-05
Subscribed and sworn to before me this 20 day of December 2005.
Notary Public: [Signature]
Date Commission Expires: 02/09/06
02-00114

KCC Office Use ONLY

NO Letter of Confidentiality Received
If Denied, Yes Date: _____
Wireline Log Received
Geologist Report Received
UIC Distribution

X

Operator Name: **STEPHEN C. JONES** Lease Name: **OCHS** Well #: **1**
 Sec. **26** Twp. **21** S. R. **13** East West County: **COFFEY**

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MISSISSIPPIAN	1790	
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	12.5"	8 5/8"	23	40	REGULAR	30	85lb. Calz
PRODUCTION	6.75"	4.5"	11.60	1869	THICKSET	110	
					60/40 POZ	140	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	
		Amount and Kind of Material Used	Depth
FOUR	1795.5 - 1802	250 gal. 15 percent HCL	1795.5
		250 gal. 15 percent HF	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	1820		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr. **SHUT IN**
 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours
 Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas **SHUT IN** METHOD OF COMPLETION Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify)

CONSOLIDATED OIL WELL SERVICES, INC.

211 W. 14TH STREET, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

15-031-22103-08-00

TREATMENT REPORT & FIELD TICKET

CEMENT

TICKET NUMBER 5206

LOCATION Flwcka

FOREMAN Brad Butler

DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-11-05		Ochs #1	29	22S	14E	Coffey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			445	Rick		
CITY			440	Calin		
STATE			452-763	Larry		
ZIP CODE						

JOB TYPE Longstems HOLE SIZE 6 3/4" HOLE DEPTH 1842' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1804' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8-13.2 SLURRY VOL 65 Bbls WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 28 Bbls DISPLACEMENT PSI 750 ~~PSI/200~~ Loaded Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing, break circulation with 10 Bbl. Seshwater
Mixed 220 SKS. Thickset cement w/ 4#P/SK of KOI-SEAL at 12.8-13.2 lbs P/GAL.
Shut down - washout pump + lines - Release Plug - Displace Plug with 28 Bbls. water
Final pumping @ 750 PSI - Pumped Plug to 1200 PSI - wait 2 minutes - Release Pressure
Float Held - Good cement returns to surface with 7 Bbl. slurry
Job complete - Tear down

ORIGINAL

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	765.00	765.00
5406	40	MILEAGE	2.50	100.00
1126A	220 SKS	Thick Set cement	13.00	2860.00
1110A	17 SKS	KOI-SEAL 4#P/SK	16.90	287.30
5407A	12 Ton	40 miles - Bulk Truck RECEIVED	.92	441.60
5501C	3 Hrs.	Transport DEC 23 2005	88.00	264.00
1123	3300 GAL	City water KCC WICHITA	12.20	40.26
4156	1	4 1/2" Float Shoe - Flapper type	123.00	123.00
4129	4	4 1/2" Centralizers	28.00	112.00
4103	2	4 1/2" Cement Baskets	129.00	258.00
4404	1	4 1/2" Top Rubber Plug	38.00	38.00
Paid with 5% Discount / Longstems r Surface Check # 5050 Amount 6315.39				5.3%
			SALES TAX	197.08
			ESTIMATED TOTAL	5486.24

AUTHORIZATION Called by Domy

TITLE Kaw-Drill Drly CO.

DATE _____

ONSOLIDATED OIL WELL SERVICES, INC.
 #11 W. 14TH STREET, CHANUTE, KS 66720
 20-431-9210 OR 800-467-8676

TICKET NUMBER 5166
 LOCATION EUREKA
 FOREMAN KEVIN MCCOY

15-031-22103-00-00
TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-5-05		Ochs #1	29	22S	14E	Coffey
CUSTOMER		KAN-DRILL	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			445	RICK		
CITY			439	JUSTIN		
STATE						
ZIP CODE						
Bixby		OK	74008			

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 42' CASING SIZE & WEIGHT 8 5/8 23*
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8* SLURRY VOL 6.5 BBL WATER gal/sk 5.2 CEMENT LEFT in CASING 5'
 DISPLACEMENT 2.0 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ 5 BBL fresh water. Mixed 30 SKS Regular Cement w/ 2% CACL2. Displace w/ 2 BBL fresh water. Shut casing in. Good cement returns to surface. Job complete. Rig down.

ORIGINAL

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	590.00	590.00
5406	40	MILEAGE	2.50	100.00
1104	30 SKS	Regular Class "A" Cement	9.75	292.50
1102	60 #	CACL2	.61	36.60
5407	1.41 TONS	Ton Mileage	MIC	125.00
			Sub total	1144.10
			SALES TAX	17.44
			ESTIMATED TOTAL	1161.54

RECEIVED
 DEC 23 2005
 KCC WICHITA

Thank You

AUTHORIZATION Called By Donnie TITLE KAN-DRILL DATE _____